FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT
1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JAN 30 AM 9:10

DOCUMENT # 712607 (1)

1. Corporation Name
HARBORSIDE GARDENS, INC.

Principal Place of Business	Mailing Address
3400 GULF SHORE BLVD N. NAPLES FL 33940	3400 GULF SHORE BLVD N. NAPLES FL 33940

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 04/01/1967
3a. Date of Last Report: 07/11/1994
4. FEI Number: 59-1203244 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business 21
2a. Mailing Address 26
Suite, Apt. #, etc. 22
Suite, Apt. #, etc. 27
City & State 23
City & State 28
Zip 24 Country 25
Zip 29 Country 30

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

PIERCE, HAROLD L.
3400 GULF SHORE BLVD. M-3
NAPLES FL 33940

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	SD	1.1 TITLE	D ☐ Change ☐ Addition
NAME	LAYING, JANE	1.2 NAME	HUSING, HOYT
STREET ADDRESS	3400 GULF SHORE BOULEVARD, M8	1.3 STREET ADDRESS	3400 GULF SHORE BOULEVARD, G4
CITY-ST-ZIP	NAPLES FL	1.4 CITY-ST-ZIP	NAPLES FL
TITLE	PD	2.1 TITLE	D ☐ Change ☐ Addition
NAME	PIERCE, HAL	2.2 NAME	TAYLOR, POWELL
STREET ADDRESS	3400 GULF SHORE BLVD M-3	2.3 STREET ADDRESS	3400 GULF SHORE BOULEVARD, 03
CITY-ST-ZIP	NAPLES FL	2.4 CITY-ST-ZIP	NAPLES FL
TITLE	D	3.1 TITLE	D ☐ Change ☐ Addition
NAME	~~WEBBER, ROSEMARIE~~	3.2 NAME	ACKER, JANE
STREET ADDRESS	~~3400 GULFSHORE BOULEVARD, A1~~	3.3 STREET ADDRESS	3400 GULF SHORE BOULEVARD, B1
CITY-ST-ZIP	~~NAPLES FL~~	3.4 CITY-ST-ZIP	NAPLES FL
TITLE	VD	4.1 TITLE	☐ Change ☐ Addition
NAME	JOHANSON, EDWARDE	4.2 NAME	
STREET ADDRESS	3400 GULF SHORE BLVD 0-4	4.3 STREET ADDRESS	
CITY-ST-ZIP	NAPLES FL	4.4 CITY-ST-ZIP	
TITLE	TD	5.1 TITLE	☐ Change ☐ Addition
NAME	HARRIS, JACK P.	5.2 NAME	
STREET ADDRESS	3400 GULF SHORE BLVD L-8	5.3 STREET ADDRESS	
CITY-ST-ZIP	NAPLES FL	5.4 CITY-ST-ZIP	
TITLE	D	6.1 TITLE	☐ Change ☐ Addition
NAME	TALIS, GEORGE	6.2 NAME	
STREET ADDRESS	3400 GULFSHORE BOULEVARD, M6	6.3 STREET ADDRESS	
CITY-ST-ZIP	NAPLES FL	6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: [signature] PRESIDENT 1/19/95
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0018483